

SCC eFile	2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212518719		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: The Financial Planning Association of theNational Capital Area</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: PEGGY NELSON 12816 TEWKSBURY DRIVE HERNDON, VA 20171</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%; text-align: right;"> <p>DUE DATE: 6/30/2012</p> <p>SCC ID NO: 05413729</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED
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6.) PRINCIPAL OFFICE ADDRESS: <div style="text-align: center;"> <p>ADDRESS: 12816 TEWKSBURY DRIVE</p> <p>CITY/ST/ZIP: HERNDON, VA 20171</p> </div>				
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.				
NAME: MARGUERITA M CHENG TITLE: PRESIDENT ADDRESS: 6400 GOLDSBORO RD #550 CITY/ST/ZIP/CO: BETHESDA, MD 20817	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR		
NAME: RYAN FLEMING TITLE: PRESIDENT ELECT ADDRESS: 1850 M STREET, NW SUITE 250 CITY/ST/ZIP/CO: WASHINGTON, DC 20036	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR		
NAME: AUGIE ZULLO TITLE: TREASURER ADDRESS: 1800 ROBERT FULTON DRIVE CITY/ST/ZIP/CO: RESTON, VA 20191	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR		
NAME: ERIC HESS TITLE: CHAIRMAN ADDRESS: 8260 GREENSBORO DR #125 CITY/ST/ZIP/CO: MCLEAN, VA 22102	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR		
NAME: KEVIN KNULL TITLE: OFFICER ADDRESS: 867 LEVELGREEN ROAD CITY/ST/ZIP/CO: LANCASTER, VA 22503	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR		
NAME: PEGGY NELSON TITLE: EXEC DIRECTOR ADDRESS: 12816 TEWKSBURY DRIVE CITY/ST/ZIP/CO: HERNDON, VA 20171	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR		

NAME:	KEN ROBINSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	210 CORPORATE RIDGE, #210		
CITY/ST/ZIP/CO:	MCLEAN, VA 22102		
NAME:	BRYAN BEATTY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1919 GALLOWS ROAD, #980		
CITY/ST/ZIP/CO:	VIENNA, VA 22182		
NAME:	MITCH BERLIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6400 GOLDSBORO RD., #550		
CITY/ST/ZIP/CO:	BETHESDA, MD 20817		
NAME:	JAMES BOGART	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2010 CORPORATE RIDGE DRIVE, #250		
CITY/ST/ZIP/CO:	MCLEAN, VA 22102		
NAME:	JEFF KULIK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6540 AUTUMN WIND CIRCLE		
CITY/ST/ZIP/CO:	CLARKSVILLE, MD 21029		
NAME:	DAN LASH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8391 OLD COURTHOUSE ROAD, #203		
CITY/ST/ZIP/CO:	VIENNA, VA 22182		
NAME:	HELEN MODLY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 327, 112 W WASHINGTON ST		
CITY/ST/ZIP/CO:	MIDDLEBURG, VA 20118		
NAME:	TOMMIE MONEZ	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 327, 112 W WASHINGTON STREET		
CITY/ST/ZIP/CO:	MIDDLEBURG, VA 20118		
NAME:	MICHAEL NESTER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1800 ROBERT FULTON DRIVE		
CITY/ST/ZIP/CO:	RESTON, VA 20191		
NAME:	SCOTT PETERSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	9928 WOODROW STREET		
CITY/ST/ZIP/CO:	VIENNA, VA 22181		
NAME:	BRAD PHEENEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3700 MASSACHUSETTS AVE., NW, APT 431		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20016		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HOWARD PRESSMAN DIRECTOR 1919 GALLOWES ROAD, #980 VIENNA, VA 22182	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRIS RIVERS DIRECTOR 1850 M STREET, #250 WASHINGTON, DC 20036	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TACY PAUL ROBY DIRECTOR 4550 MONTGOMERY AVE. BETHESDA, MD 20814	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KATHLEEN SINDELL DIRECTOR 200 NORTH COLUMBIA STREET ALEXANDRIA, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JON YANKEE DIRECTOR 1925 ISAAC NEWTON SQUARE E, #400 RESTON, VA 20190	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ PEGGY NELSON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PEGGY NELSON, EXEC DIRECTOR PRINTED NAME AND CORPORATE TITLE	5/18/2012 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			